

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **700572**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		0		1			54						
5		0		1			55						
6		0		0			56						
7		0		0			57						
8	1		1				58						
9		1		1			59						
10		2		2			60						
11		2		0			61						
12		0		0			62						
13		0		0			63						
14		0		0			64						
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46							96						
47							97						
48							98						
49							99						
50							100						
OTA VD.			2				TOTAL IND.						
OTA EP.			16				TOTAL DEP.						
OTA CLAIM			18				TOTAL CLAIMS						